



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 701039-054701-RCE											
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____ on <u>8/14/2006</u> . Signature: <u>Nicole M. Aguirre</u> Name: <u>Nicole M. Aguirre</u>		In re Application of : Moses et al. Application Number : 09/977,878 Filed: 10/15/2001 For: NON-INVASIVE ENZYME SCREEN FOR TISSUE REMODELING ASSOCIATED CONDITIONS Group Art Unit Examiner 1643 Karen Canella											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td><td>\$ <u>60.00</u></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p><u>David S. Resnick/Candace M. Summerford</u> <u>8/14/06</u> Signature Date</p> <p><u>David S. Resnick/Candace M. Summerford</u> <u>(617) 345-6057/1104</u> Typed or printed name Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>				<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ <u>60.00</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ <u>60.00</u>												
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ _____												
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ _____												
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____												
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____												

08/16/2006 CNEGA1 00000016 192380 09977878
01 FC:2251 60.00 DA



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 60.00

Complete if Known

Application Number	09/977,878
Filing Date	October 15, 2001
First Named Inventor	Marsha A. Moses
Examiner Name	Karen Canella
Art Unit	1643
Attorney Docket No.	701039-054701-RCE

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 19-2380 Deposit Account Name: NIXON PEABODY LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP = _____ x _____ = _____ Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims - 3 or HP = _____ x _____ = _____ Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = _____ / 50 = _____ (round up to a whole number) x 125.00 = 0.00 Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) _____ Fees Paid (\$)
Other (e.g., late filing surcharge): Petition for One Mos. X of Time 60.00

SUBMITTED BY

Signature		Registration No. 34,235 / 58,109	Telephone 617-345-6057 / 1104
Name (Print/Type)	David S. Resnick / Candace M. Summerford	(Attorney/Agent)	Date 8/14/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.